Chemical/Biological Terrorism
March 2003

1: Acta Otolaryngol 2002 Sep;122(6):580-5
Anthrax: what should the otolaryngologist know?
Bradley PJ, Ferlito A, Brandwein MS, Benninger MS, Rinaldo A.
Publication Types: Editorial/Review/ Review, Tutorial
PMID: 12403119 [PubMed - indexed for MEDLINE]

2: Air Med J 2003 Jan-Feb;22(1):22-5
An analysis of the proposed national strategy for smallpox vaccination of health care workers.
Alswede M.
PMID: 12522359 [PubMed - indexed for MEDLINE]

3: Am J Nurs 2001 Dec;101(12):48-52
Emergency. Anthrax.
Coleman EA.
College of Nursing and Medicine, University of Arkansas for Medical Sciences, Little Rock, USA.
PMID: 12585066 [PubMed - indexed for MEDLINE]

4: Am J Nurs 2001 Dec;101(12):7
Anthrax and the voice of reason.
Mason DJ.
Publication Types: Editorial
PMID: 12585054 [PubMed - indexed for MEDLINE]

5: Am J Public Health 2003 Mar;93(3):397-9
The politics of emergency health powers and the isolation of public health.
Colmers JM, Fox DM.
Milbank Memorial Fund, New York, NY 10022-1905, USA. jcolmers@milbank.org
The Model State Emergency Health Powers Act became a contentious document in more than 30 states in 2001 and 2002. Controversy has focused on recommendations by the authors of the Model Act that seemed to accord higher priority to collective action in emergencies than to protecting privacy and property. This situation has several causes that derive from the characteristics of public health emergencies during the past half century and the relative isolation of public health officials from both their colleagues in government and many members of the public.
PMID: 12604480 [PubMed - indexed for MEDLINE]

6: Anesth Analg 2003 Mar;96(3):819-25, table of contents
Nerve gas terrorism: a grim challenge to anesthesiologists.
de Jong RH.
Department of Anesthesiology, Jefferson Medical College, Philadelphia, Pennsylvania, USA. dejong@axs2k.net
IMPLICATIONS: The 1995 Tokyo subway strike proved nerve gas to be a fearsome terrorist weapon of mass destruction. Because the clear liquid is easily hidden until released, rescuers must aid nonbreathing casualties near instantly. Anesthesiologists are uniquely qualified to train these rescue squads and to manage nerve gas victims in the hospital.
PMID: 12598268 [PubMed - indexed for MEDLINE]

7: Ann Emerg Med 2003 Apr;41(4):447-52
Syndromic analysis of computerized emergency department patients' chief complaints: An opportunity for bioterrorism and influenza surveillance.
Irvin CB, Nouhan PP, Rice K.
Department of Emergency Medicine, St. John Hospital and Medical Center (Irvin, Nouhan, Rice), affiliate of Wayne State University School of Medicine (Irvin, Nouhan), Detroit, MI.
Study objective: Emergency department computerized triage logs might be useful for automated ED surveillance and potentially for early identification of bioterrorism events. We describe a Web-based surveillance program and its feasibility for surveillance. METHODS: A Web-based surveillance program that receives computerized chief complaint data daily from a large academic urban teaching hospital and performs syndromic analysis on these data was developed. On the basis of preset limits, the Web-based surveillance program sends an alert e-mail message when the syndromic analysis reveals an increase in the number of patients in predefined symptom groups. The feasibility of this system was tested by using historical data during an influenza outbreak (December 1999 to January 2000) and applying the anthrax symptom group. RESULTS: The Web-based surveillance program identified the influenza outbreak in the first week. CONCLUSION: Computerized triage logs might be a feasible method for bioterrorism and influenza surveillance. The Web-based nature of the surveillance program creates the opportunity for other hospitals to contribute data, potentially resulting in an automated network of ED computerized triage log surveillance.
PMID: 12658241 [PubMed - in process]

8: Antiviral Res 2003 Jan;57(1-2):113-9
Nipah virus-a potential agent of bioterrorism?
Lam SK.
Department of Medical Microbiology, Faculty of Medicine, University of Malaya, 50603, Kuala Lumpur, Malaysia
Nipah virus, a newly emerging deadly paramyxovirus isolated during a large outbreak of viral encephalitis in Malaysia, has many of the physical attributes to serve as a potential agent of bioterrorism. The outbreak caused widespread panic and fear because of its high mortality and the inability to control the disease initially. There were considerable social disruptions and tremendous economic loss to an important pig-rearing industry. This highly virulent virus, believed to be introduced into pig farms by fruit bats, spread easily among pigs and was transmitted to humans who came into close contact with infected animals. From pigs, the virus was also transmitted to other animals such as dogs, cats, and horses. The Nipah virus has the potential to be considered an agent of bioterrorism.

PMID: 12615307 [PubMed - in process]

9: Antiviral Res 2003 Jan;57(1-2):101-11
Viruses of the Bunya- and Togaviridae families: potential as bioterrorism agents and means of control.
Sidwell RW, Smee DF.
Institute for Antiviral Research, Utah State University, 94322-5600, Logan, UT, USA
When considering viruses of potential importance as tools for bioterrorism, several viruses in the Bunya- and Togaviridae families have been cited. Among those in the Bunyaviridae family are Rift Valley fever, Crimean-Congo hemorrhagic fever, hanta, and sandfly fever viruses, listed in order of priority. Those particularly considered in the Togaviridae family are Venezuelan, eastern and western equine encephalitis viruses. Factors affecting the selection of these viruses are the ability for them to induce a fatal or seriously incapacitating illness, their ease of cultivation in order to prepare large volumes, their relative infectivity in human patients, their ability to be transmitted by aerosol, and the lack of measures available for their control. Each factor is fully considered in this review. Vaccines for the control of infections induced by these viruses are in varying stages of development, with none universally accepted to date. Viruses in the Bunyaviridae family are generally sensitive to ribavirin, which has been recommended as an emergency therapy for infections by viruses in this family although has not yet been FDA-approved. Interferon and interferon inducers also significantly inhibit these virus infections in animal models. Against infections induced by viruses in the Togaviridae family, interferon-alpha would appear to currently be the most useful for therapy.
PMID: 12615306 [PubMed - in process]

10: Antiviral Res 2003 Jan;57(1-2):1-5
An overview on the use of a viral pathogen as a bioterrorism agent: why smallpox?
Mahy BW.
National Center for Infectious Diseases, 1600 Clifton Road, CDC, Mailstop C12, 30333, Atlanta, GA, USA
PMID: 12615297 [PubMed - in process]

11: Antiviral Res 2003 Jan;57(1-2):7-12
Smallpox: a potential agent of bioterrorism.
Whitley RJ.
Department of Pediatrics, Microbiology and Medicine Children's Hospital, The University of Alabama at Birmingham, ACC 616, 1600 7th Avenue South, 35233, Birmingham, AL, USA
The events of 11 September 2001, in New York City, and subsequent identification of anthrax in the United States Postal System, have generated a new sense of awareness for the potential of biological terrorism, if not warfare. Among those agents identified by the Centers for Disease Control and Prevention as 'Class A Bioterrorist Threats', smallpox is among the most dangerous. The ease of transmission of this agent, the lack of immunity in the population at large to this agent, and rapidity of its spread, if released, all generate significant concern for its deployment. A vaccine directed against smallpox is available but it is also associated with significant adverse events-some of which are life-threatening. Further, no antiviral drug has proven efficacious for therapy of human disease, although one licensed drug, cidofovir, does have in vitro activity. Regardless, heightened awareness should lead to the development of a vaccine without significant adverse events and safe and efficacious antiviral drugs. The availability of a vaccine and

antiviral drugs that are safe would significantly remove any major threat of smallpox deployment by a terrorist.
PMID: 12615298 [PubMed - in process]

12: Antiviral Res 2003 Jan;57(1-2):147-50
The potential use of influenza virus as an agent for bioterrorism.
Krug RM.
Section of Molecular Genetics and Microbiology, Institute for Cellular and Molecular Biology, University of Texas at Austin, 2500 Speedway, 78712, Austin, TX, USA
Influenza A virus has been responsible for widespread human epidemics because it is readily transmitted from humans to humans by aerosol. Recent events have highlighted the potential of influenza A virus as a bioterrorist weapon: the high virulence of the influenza A virus that infected people in Hong Kong in 1997; and the development of laboratory methods to generate influenza A viruses by transfection of DNAs without a helper virus. Antiviral drugs that are directed at functions shared by all influenza A viruses constitute the best line of defense against a bioterrorist attack. Consequently, new antiviral drugs need to be developed, and the few currently available antiviral drugs should be stockpiled.
PMID: 12615310 [PubMed - in process]

13: Br J Gen Pract 2003 Jan;53(486):5-6
The role of primary care in bioterrorism, epidemics and other major emergencies: failing to plan is planning to fail.
Hodgkin P, Perrett K.
Publication Types: Editorial
PMID: 12564269 [PubMed - indexed for MEDLINE]

14: Comput Inform Nurs 2003 Jan-Feb;21(1):1-2
AHRQ researchers examine the role of informatics in responding to bioterrorism, mass disasters, and war.
Publication Types: News
PMID: 12585267 [PubMed - indexed for MEDLINE]

15: EMBO Rep 2003 Mar;4(3):227-9
Biotechnology to fight bioterrorism.
Brower V.
PMID: 12634833 [PubMed - in process]

16: Health Serv J 2003 Jan 16;113(5838):14
Brothers in arms.
Gould M.
Publication Types: News
PMID: 12561490 [PubMed - indexed for MEDLINE]

17: Int J Antimicrob Agents 2003 Feb;21(2):200-6
Bioterrorism-a new challenge for public health.
Venkatesh S, Memish ZA.
Department of Medical Affairs, King Abdulaziz Medical City - Riyadh, King Fahad National Guard Hospital, Riyadh, Saudi Arabia
The opening years of the new millennium have presented a new and worrisome possibility to the public, including travellers: the threat of deadly infectious diseases from biological agents being deliberately released. The possibility of bioterrorism had

always seemed remote but the recent anthrax attacks by mail have made this threat of immediate relevance. The deliberate use of Bacillus anthracis with the intent to harm civilian populations has raised public health concerns about potential exposure to intentionally released Variola virus and other biological agents. There is an urgent need for countries to examine their preparedness to respond to biological weapons attacks. Given the emotional shock of even an alleged threat of a biological release, it will be wise for governments to consider how to address such dangers as an integral part of the national response to other threats to public health and well being. Physicians and other health professionals, including those providing guidance to international and domestic travellers, need to have a clear understanding of the possible agents and the appropriate therapy or prophylaxis. This paper attempts to give a perspective on the threat of bioterrorism, the consequences of its use, the likely biological agents that may be used, and the clinical presentation and management of diseases caused by some agents most likely to be used.
PMID: 12615387 [PubMed - in process]

18: Int J Emerg Ment Health 2002 Fall;4(4):231-3
Responding to bioterrorism and psychological toxicity: an introduction to the concept of shielding.
Everly GS Jr.
Publication Types: Editorial
PMID: 12629839 [PubMed - in process]

19: Int Microbiol 2002 Dec;5(4):161-7
Responding to the threat of bioterrorism: a microbial ecology perspective—the case of anthrax.
Atlas RM.
Department of Biology, University of Louisville, Louisville, KY 40292, USA. r.atlas@louisville.edu
Anthrax is a disease of herbivores caused by the gram-positive bacterium Bacillus anthracis. It can affect cattle, sheep, swine, horses and various species of wildlife. The routes for the spread among wildlife are reviewed. There are three kinds of human anthrax--inhalation, cutaneous, and intestinal anthrax--which differ in their routes of infection and outcomes. In the United States, confirmation of cases is made by the isolation of B. anthracis and by biochemical tests. Vaccination is not recommended for the general public; civilians who should be vaccinated include those who, in their work places, come in contact with products potentially contaminated with B. anthracis spores, and people engaged in research or diagnostic activities. After September 11, 2001, there were bioterrorism anthrax attacks in the United States: anthrax-laced letters sent to multiple locations were the source of infectious B. anthracis. The US Postal Service issued recommendations to prevent the danger of hazardous exposure to the bacterium. B. anthracis spores can spread easily and persist for very long times, which makes decontamination of buildings very difficult. Early detection, rapid diagnosis, and well-coordinated public health response are the key to minimizing casualties. The US Government is seeking new ways to deter bioterrorism, including a tighter control of research on infectious agents, even though pathogens such as B. anthracis are widely spread in nature and easy to grow. It is necessary to define the boundary between defensive and offensive biological weapons research. Deterring bioterrorism should not restrict critical scientific research.
Publication Types: Review; Review, Tutorial
PMID: 12497181 [PubMed - indexed for MEDLINE]

20: J Clin Pathol 2003 Mar;56(3):182-7
Bacillus anthracis.
Spencer RC.
Public Health Laboratory, Bristol Royal Infirmary, UK.
robert.spencer@ubht.swest.nhs.uk
The events of 11 September 2001 and the subsequent anthrax outbreaks have shown that the West needs to be prepared for an increasing number of terrorist attacks, which may include the use of biological warfare. Bacillus anthracis has long been considered a potential biological warfare agent, and this review will discuss the history of its use as such. It will also cover the biology of this organism and the clinical features of the three disease forms that it can produce: cutaneous, gastrointestinal, and inhalation anthrax. In addition, treatment and vaccination strategies will be reviewed.
Publication Types: Review; Review, Tutorial
PMID: 12610093 [PubMed - indexed for MEDLINE]

21: J Emerg Nurs 2003 Feb;29(1):3-6
A call to arms, a call for caution.
Lenehan GP.
Publication Types: Editorial
PMID: 12556818 [PubMed - indexed for MEDLINE]

22: J Environ Health 2003 Mar;65(7):40
Better plan needed to protect U.S. agriculture from bioterrorism.
PMID: 12645424 [PubMed - in process]

23: J Okla State Med Assoc 2003 Jan;96(1):29-33
The potential role of viral pathogens as agents of bioterrorism.
Bronze MS, Voskuhl GW, Machado LJ, Greenfield RA.
Department of Medicine, University of Oklahoma Health Sciences Center, Room WP2080, 920 Stanton Young Blvd, Oklahoma City, OK 73190, USA. Michael-Bronze@OUHSC.edu
PMID: 12632851 [PubMed - in process]

24: J Okla State Med Assoc 2003 Jan;96(1):27-8
Influenza virus: natural disease and bioterrorism threat.
Lutz BD, Bronze MS, Greenfield RA.
Infectious Diseases Section (111/c), Oklahoma City VA Medical Center, 921 NE 13th Street, Oklahoma City, OK 73104, 405-270-0501, USA.
PMID: 12632850 [PubMed - in process]

25: J Okla State Med Assoc 2002 Dec;95(12):752-4
Plague.
Drevets DA.
Infectious Diseases Section (111/c), Oklahoma City VA Medical Cente, 921 NE 13th Street, Oklahoma City, OK 73104, 405-270-0501, USA. douglas-drevets@ouhsc.edu
PMID: 12596433 [PubMed - indexed for MEDLINE]

26: J Public Health Manag Pract 2003 Mar-Apr;9(2):89-90
Need for physicians trained in preventive medicine and public health: implications for a bioterrorism response.
Malecki J, Brumback CL.

Publication Types: Editorial
PMID: 12629910 [PubMed - in process]

27: J Rural Health 2003 Winter;19(1):5-6
Comment on: J Rural Health. 2003 Winter;19(1):7-10.
Rural bioterrorism: are we exempt? Rosenthal TC.
Publication Types: Comment
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28: JAMA 2003 Mar 5;289(9):1090-1
The siren song of disease eradication: is it out of tune with the times?
Vastag B.
Publication Types: News
PMID: 12622559 [PubMed - indexed for MEDLINE]

29: Johns Hopkins Med Lett Health After 50 2002 Feb;13(12):1-2
Best defense against bioterrorism.
PMID: 12619622 [PubMed - indexed for MEDLINE]

30: Lab Anim (NY) 2003 Feb;32(2):15-6
HHS, USDA establish new regulations for use of select biological agents.
Shalev M.
PMID: 12545179 [PubMed - indexed for MEDLINE]

31: Lancet 2003 Mar 1;361(9359):786-7
Preparedness of London hospitals for a chemical weapons attack.
Connor DJ, White SM.
Publication Types: Letter
PMID: 12620766 [PubMed - indexed for MEDLINE]

32: Lancet 2003 Mar 1;361(9359):786
Comment on: Lancet. 2003 Jan 11;361(9352):95.
Use of weapons of mass destruction. Roberts I.
Publication Types: Comment; Letter
PMID: 12620768 [PubMed - indexed for MEDLINE]

33: Lancet 2003 Feb 22;361(9358):628
US military prepares for Iraq to use chemical and biological weapons.
McCarthy M.
PMID: 12611388 [PubMed - indexed for MEDLINE]

34: Lancet 2003 Feb 1;361(9355):442
Bioterrorism alert.
Fitzpatrick M.
fitz@easynet.co.uk
PMID: 12573426 [PubMed - indexed for MEDLINE]

35: Mod Healthc 2003 Jan 27;33(4):26, 28
Preventive medicine. Disease-tracking software can identify outbreaks, isolate trends faster than ever. Its next mission: protect the nation's health.
Piotrowski J.
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US budget/Bioshield initiative emphasizes bioterrorism countermeasures.
Fox JL.
Washington, DC.
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37: Nat Cell Biol 2003 Feb;5(2):85-6
Cloning terror.
Publication Types: Editorial
PMID: 12563266 [PubMed - indexed for MEDLINE]

38: Nature 2003 Feb 20;421(6925):787
Biodefence on the research agenda.
Fauci AS.
National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services, Bethesda, Maryland 20892, USA.
PMID: 12594484 [PubMed - indexed for MEDLINE]

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Harvard team suggests route to better bioterror alerts.
Knight J.
Publication Types: News
PMID: 12571558 [PubMed - indexed for MEDLINE]

40: Nurs Stand 2003 Jan 15-21;17(18):20-1
Are you ready? A National Audit Commission report suggests nurses feel ill prepared to deal with biochemical attacks.
McMahon B.
PMID: 12599980 [PubMed - indexed for MEDLINE]

41: Nurs Stand 2002 Dec 11-17;17(13):14-5
Anthrax alert?
Woodrow P.
East Kent Hospitals NHS Trust.
PMID: 12572214 [PubMed - indexed for MEDLINE]

42: Nursing 2003 Jan;33(1):36-42; quiz 43
How would you respond to a chemical release?
Reilly CM, Deason D.
Central Maine Medical Center, Lewiston, USA.
Whether an industrial accident or an act of terrorism, a chemical release can spell disaster. Here you'll learn to respond appropriately, depending on the type and form of chemical involved.
PMID: 12544562 [PubMed - indexed for MEDLINE]

43: Pediatr Ann 2003 Mar;32(3):154-65
Bioterrorism.
Cieslak TJ, Henretig FM.
Department of Pediatrics, Brooke Army Medical Center, 3851 Roger Brooke Drive, Fort Sam, Houston, TX 78234-6200, USA.
PMID: 12661490 [PubMed - in process]

44: Pharmacotherapy 2003 Mar;23(3):274-90
Bioterrorism: pivotal clinical issues. Consensus review of the Society of Infectious Diseases Pharmacists.
Terriff CM, Schwartz MD, Lomaestro BM; Society of Infectious Diseases Pharmacists.
Washington State University College of Pharmacy and Deaconess Medical Center, Spokane, Washington, USA.
OBJECTIVES: To discuss specific facts regarding use as a bioweapon, epidemiology, microbiology, clinical manifestations, diagnosis, antimicrobial therapy, immunization, and isolation precautions for five most likely agents of bioterrorism; to review and provide recommendations for health care clinicians on the management of these bioterrorism agents; and to share information on the pharmacist's role in preparedness and response. PARTICIPANTS: The manuscript was drafted by the three authors, reviewed by a group of selected members of the Society of Infectious Diseases Pharmacists, and approved by its Board of Directors. EVIDENCE: The primary focus was to review and summarize recent and key articles on bioterrorism. Preference was given to peer-reviewed journal information and government-sponsored journals, such as the MMWR, Morbidity and Mortality Weekly Report. CONSENSUS PROCESS: Written comments were requested from each reviewer. Comments were incorporated into the final draft. CONCLUSION: Pharmacists play an integral role in disaster preparedness and response and should be involved in planning committees. As drug information specialists, pharmacists can assist other health care providers and emergency personnel, as well as provide counseling to calm, comfort, and empower the public.
PMID: 12627924 [PubMed - in process]

45: Rev Med Virol 2003 Jan-Feb;13(1):5-15
The new cell culture smallpox vaccine should be offered to the general population.
Bicknell W, James K.
Department of International Health, School of Public Health, Boston University, USA. wbicknel@bu.edu
A series of major factors must be weighed in deciding whether or not, and to what extent, a particular country should consider pre-exposure vaccination for smallpox. These include the risk of a bioterrorist attack using smallpox, the risk of secondary spread from another country, the risks and benefits of vaccination, the effectiveness s of vaccination pre- and post-exposure, the prevalence of immunocompromised persons, the capacity of the medical care delivery system and the wealth of a nation. We review here the issues and variables relevant for policy making, propose a framework for country-specific decision making and suggest the World Health Organization has a key role to play, particularly with regard to lower-income countries. In doing so, we support the proposition. Copyright 2003 John Wiley & Sons, Ltd.
Publication Types: Review; Review, Tutorial
PMID: 12516058 [PubMed - indexed for MEDLINE]

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Risk Anal. 2002 Jun;22(3):403 & Risk Anal. 2002 Jun;22(3):405-13.
Risk communication is a key to dealing effectively with bioterrorism.
Chess C, Celia J.
Publication Types: Comment; Letter
PMID: 12530776 [PubMed - indexed for MEDLINE]
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Bioterrorism. Security rules leave labs wanting more guidance.

Malakoff D.
Publication Types: News
PMID: 12595669 [PubMed - indexed for MEDLINE]

48: Trends Parasitol 2002 Aug;18(8):334-6
New and re-emerging infectious diseases.
Docampo R.
Laboratory of Molecular Parasitology, Dept of Pathobiology, University of Illinois at Urbana-Champaign, 2001 South Lincoln Avenue, Urbana, IL 61802, USA. rodoc@uiuc.edu
Publication Types: Congresses
PMID: 12377274 [PubMed - indexed for MEDLINE]

49: Vaccine 2002 Aug 19;20(25-26):3055-67
Overview: cause and prevention in biowarfare and bioterrorism.
Hilleman MR.
Merck Institute for Vaccinology, 770 Sumneytown Pike, West Point, PA 19486, USA. maurice_hilleman@merck.com
Bioweaponry is rooted in the ancient past. It became a science in the early 20th century following the breakthrough discoveries in microbiology and immunology of the late 1800s. The 20th century, with its major and minor wars, saw the research and development of biological weapons capable of immense destruction of life, which were used both by nations in preparation for military warfare and by individuals who engage in asymmetric warfare. Treaties, international agreements, and political pursuits have not been able either to control or to rid the world of bioweapons. The tools for specific defense against bioweapons consist of vaccines against both viruses and bacteria, and of antibiotics and drugs against bacteria. Vaccines and antimicrobials are of limited usefulness because of the large number of possible microbes that can be used for weapons, because of antimicrobial resistance to drugs and antibiotics, and because of limitations in technical feasibility for developing vaccines and antibacterials against certain of the agents. Induction of non-specific innate immunity by immunostimulatory vaccines (at one time licensed) needs to be explored for possible immunoprophylactic-therapeutic activity when administered immediately following exposure to bioweapon pathogens. The ideal solution to the bioweapons problem lies in measures to end their development and application throughout the world. Emphasis was made at the recent World Economic Forum of the need to end poverty and hunger in the world as a means to reduce the incentive to engage in warfare. Added to this is betterment of health, focused mainly on preventable diseases. A further solution to the problem may lie in the development of modern robotic systems for rapid forensic detection of development and production of bioweapons by "rogue" nations and even by individuals. This review deals with the specifics of the development of bioweapons and their control by vaccines, by therapy with antibacterials, by non-specific immunostimulants, by advanced systems for detection of development and deployment of biological agents of destruction, and by political and health-giving initiatives.
Publication Types: Review; Review, Academic
PMID: 12163257 [PubMed - indexed for MEDLINE]

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Response to "bioterrorism" editorial.
Sudia WD.

Publication Types: Letter
PMID: 12653297 [PubMed - in process]

51: Vector Borne Zoonotic Dis 2001 Fall;1(3):179
Bioterrorism.
Fish D.
Publication Types: Editorial
PMID: 12653145 [PubMed - in process]